

CHANGE OF ADDRESS

(please type or print legibly—information **must** be complete and accurate)

Write your new address legibly on the back of your license. If you are a registered voter, be certain to complete and sign the bottom portion of this form for voter registration address change. Return this document to any Colorado Driver's License Office **or**

Mail completed form in an ENVELOPE to the following address: Division of Motor Vehicles
Drivers Control Section
Denver, CO 80261-0016

Note: Vehicle Registration address changes must be done in the county motor vehicle office in the county in which you reside.

Name (first, middle, last)	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Driver's License Number or I.D. Number
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New Resident Address

City	State	ZIP Code	County
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Former Resident Address

City	State	ZIP Code	County
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New Mailing Address (if different from resident address)

City	State	ZIP Code	County
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Former Mailing Address (if different from former resident address)

City	State	ZIP Code	County
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I swear and affirm, under penalty of perjury that the above information is true and correct.

Applicant's Signature	Date
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1. Please print your new address on the back of your license in the designated area.
2. Place this form in a stamped envelope and mail to the address above, or
3. Deposit in Address Change Drop Box at your nearest Driver's License Office.

FOR VOTER REGISTRATION

Is the above change of address also for voter registration purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	I, _____, do solemnly affirm that I am a citizen of the United States and that on the date of the next election I shall have attained the age of eighteen years, and shall have resided in the state of Colorado at least 30 days and in my present precinct at least 30 days before the election. I further affirm that the present address I listed herein is my sole legal place of residence and that I claim no other place as my legal residence.
Party Affiliation <input type="checkbox"/> Republican <input type="checkbox"/> Democrat <input type="checkbox"/> Unaffiliated <input type="checkbox"/> Political Organization _____		"Warning: It is a class 1 misdemeanor to affirm falsely as to your qualifications to register to vote." (Section 1-2-213(2)(a), C.R.S.) If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for voter registration statistics purposes. (Section 1-2-213(2)(c), C.R.S.)
Do you wish to be designated as a Permanent Mail-in Voter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Voter Registration Applicant Signature	Date	

IDENTIFICATION (Required)

DO NOT LEAVE THIS SECTION BLANK

Pursuant to Federal Law, your completed voter registration form **must contain** your **State of Colorado Driver's License Number** or your **Dept. of Revenue Identification Number**. If you do **not** have a Driver's License or Dept. of Revenue Identification Number, then you must provide the **last four digits** of your Social Security Number. If you do **not** have a Driver's License Number, a Dept. of Revenue Identification Number, or a Social Security Number, you must check the appropriate boxes. A unique identifying number will be assigned to you by the State and you will still be registered to vote.

NOTE: If the identification section is left blank and you do not check the boxes indicating you do not have identification, you will not be registered to vote.

Colorado Driver's License Number

Department of Revenue ID Number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	OR	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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☐ I do not have a Colorado Driver's License or Dept. of Revenue Identification Number
OR

If you do not have a Colorado Driver's License, or a Department of Revenue Identification Number, then provide at least the last four digits of your Social Security Number.

Social Security Number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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☐ I do not have a Social Security Number.